

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/29/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095026	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2011
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NAME OF PROVIDER OR SUPPLIER KNOLLWOOD HSC	MAY 13 2011	STREET ADDRESS, CITY, STATE, ZIP CODE 6200 OREGON AVE NW WASHINGTON, DC 20015
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K 000	INITIAL COMMENTS A recertification life safety code survey was conducted on April 8, 2011. The following findings are based on observations made during the Life Safety Code facility tour.	K 000	It is ADF/Knollwood's policy and practice to ensure that the facility is free of penetrations to prevent the passage of smoke in the event of a fire.	
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection, it was determined that the facility failed to ensure that wall surfaces above ceiling tiles were free of penetrations to prevent the passage of smoke in the event of a fire in 13 of 13 observations. These findings were observed in the presence of the Director of Maintenance Services Employee # 14. The findings include:	K 017	1. The thirteen penetrations listed in items 1-7 have been properly sealed. 2. A complete inspection of all potential penetration areas was conducted and penetrations were repaired. 3. An in-service was conducted on May 11, 2011 with the engineering department to stress the importance of checking for penetrations and to follow after contractors to ensure that they did not leave penetrations following their work. 4. Engineering personnel will do spot checks weekly in areas where penetrations may exist and the Chief Engineer will conduct an inspection monthly. Any penetrations identified will be repaired immediately. The result of these audits will be presented to the Quality Assurance Committee quarterly for further recommendations.	04/18/11 04/18/11 05/11/11 05/04/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Barbara W. O'Gustow</i>	TITLE <i>Administrator</i>	(X6) DATE <i>05/06/11</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 017	<p>Continued From page 1</p> <p>Penetrations were observed in smoke barrier walls above ceiling tiles which would not prevent the passage of smoke in the event of a fire in the hallway near Room 43, in the Special Care Center in two (2) of two (2) observations at 9:25 AM on April 8, 2011.</p> <p>1. A 2-3 inch penetration was observed around 12 communication wires that passed through wall surfaces and a 1-2 inch penetration was observed around a BX cable in the hallway above tiles near Room 43 and the Family Dining Room in the Special Care Center in two (2) of two (2) observations at 9:10 AM on April 8, 2011.</p> <p>2. A 12 inch penetration was observed around a BX cable in the wall surfaces over double doors near Room 43 in Special Care Center in one (1) of one (1) observation at approximately 9:25 AM on April 8, 2011.</p> <p>3. Penetrations of approximately 2 inches were observed around plastic pipes in the Telephone Room near the Nurses Station on the Special Care Unit in two (2) of two (2) observations at 9:35 AM on April 8, 2011.</p> <p>4. Openings were observed around communications wires that are feed through a pipe 3 inches extending above the floor to the basement, which would not prevent the passage of smoke to the lower level in two (2) of two (2) observations at approximately 12:10 PM on April 8, 2011.</p> <p>5. Penetrations were observed above tiles in the Special Care Center Kitchen serving and preparation areas; as evidenced by a 2 inch</p>	K 017		

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K 017	Continued From page 2 opening around a BX cable that passes through a wall near the rear exit door, and a 2 inch opening was observed around PVC pipe that passes through walls near the rear exit door in two (2) of two (2) observations at 12:30 PM on April 8, 2011. 6. A section of sheet rock 3 feet X 2 feet was missing in the Clean Linen Room in the in one (1) of one (1) observation at 1:00 PM on April 8, 2011. 7. A 2 foot X 2 foot opening was observed on the interior wall in the Soiled Linen Room in one (1) of one (1) observation at 1:10 PM on April 8, 2011. These findings were confirmed via interview with the facility's Maintenance Director Employee # 14 on the day of survey.	K 017		
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that unannounced fire drills were not conducted on	K 050	It is ADF/Knollwood's policy and practice to conduct quarterly fire drills on all three shifts in the HSC and SCC. 1.It is believed that the fire drill in question was conducted but improperly documented, however, since it could not be established that the fire drill had been done, the Chief Engineer will ensure that drills are scheduled and documented quarterly for each shift. 2.The Chief Engineer, Facilities Manager and HSC/SCC Administrator will ensure that drills are scheduled and documented correctly.	05/04/11 05/01/11

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K 050	Continued From page 3 each shift at least quarterly in one (1) of 12 observations. The findings include: Unannounced fire drills were not conducted under varying conditions at least quarterly on each shift as evidence by a lack of documentation to substantiate that drills were conducted on the second shift during the third quarter in one (1) of 12 observations at 2:30 PM on April 8, 2010. These findings were confirmed via interview with the facility's Maintenance Director Employee # 14 on the day of survey.	K 050	3. Engineering staff were re-educated on properly documenting the correct shift on the quarterly fire drills. The Chief Engineer, Facilities Manager, and HSC/SCC Administrator will ensure that drills are scheduled and conducted correctly. 4. These results will be presented to the Quality Assurance Committee quarterly.	05/11/11	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code Inspection it was determined that alarm devices such as water gongs, water flow devices, and pressure devices that provide both an	K 052	It is ADF/Knollwood's policy and practice to properly test and repair all audible and visual fire alarms. Administrator will ensure that drills are scheduled correctly.	05/04/11	

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K 052	<p>Continued From page 4</p> <p>audible and visual alarms were not tested quarterly in one (1) of four (4) observations and documentation was not available to support repair of devices that failed the June 9, 2010 inspection in five (5) of 124 observations. These findings were observed in the presence of the Maintenance Director Employee # 14.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Through observation and interview it was determined that documentation was not available to support alarm device testing such as water gongs, water flow devices and pressure devices that initiate visual and audible signals since June 9, 2010 in one (1) of four (4) observations at 2:30 PM on April 8, 2010. 2. Through observation, interview and a review of fire alarm device testing logs, it was determined that documentation was not available to support repair of the following devices that failed the last inspection and test on June 9, 2010; Ground Floor smoke detector room 2; Ground Floor smoke detector room 4; Ground Floor north call room 26; Ground Floor Smoke Fire Doors and Ground Floor smoke room 26 in five (5) of 124 observations at 2:55 PM on April 8, 2011. <p>These findings were confirmed via interview with the facility's Maintenance Director Employee # 14 on the day of survey.</p>	K 052	<ol style="list-style-type: none"> 1. The contractors that conducted the inspections in question have been contacted and are scheduled to do a comprehensive re-inspection with associated repairs of devices where necessary. 2. All quarterly and annual inspections will be conducted at the correct periodicity and deficiencies will be corrected during the inspections. We are investigating contracting with a single fire protection company rather than the three we presently use. This will ease any question as to who is responsible for testing and correcting deficiencies. 3. The Engineering Department was inserviced on proper timing for testing and repairing all audible and visual fire alarms. 4. The results of the inspections will be presented to the Quality Assurance Committee quarterly for further recommendations. 	05/12/11	05/13/11
				05/11/11	05/04/11